

RECEIVED
FEC MAIL CENTER
2016 JUL 19 AM 11:48

July 15, 2016

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

Re: FEC Form 3

Please find attached the above referenced form and supporting schedules for the principal campaign committee of Hal Brown (#00616672).

Please contact me if any questions.

Sincerely,



Paul A. Schermann

cc: Missouri Ethics Commission

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
FEC-MAIL CENTER
2016 JUL 19 AM 11:48
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HAL BROWN FOR CONGRESS

ADDRESS (number and street)

2128 WILLIAM ST #27



Check if different
than previously
reported. (ACC)

CAPE GIRARDEAU

MO

63703

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 00616672

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

MO

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2016

through

MM / DD / YYYY

MM / DD / YYYY

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL A SCHERMANN

Signature of Treasurer

Paul A. Schermann

Date

MM / DD / YYYY

MM / DD / YYYY

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name
HAL BROWN FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
 04 / 01 / 2016

To:

MM / DD / YYYY
 06 / 30 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	15996.64	15996.64
(b) Total Contribution Refunds (from Line 20(d))00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	15996.64	15996.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19568.57	19568.57
(b) Total Offsets to Operating Expenditures (from Line 14)	626.01	626.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	18942.56	18942.56
8. Cash on Hand at Close of Reporting Period (from Line 27)	5054.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	8000.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

HAL BROWN FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

9200.00

9200.00

(ii) Unitemized.....

4142.08

4142.08

(iii) TOTAL of contributions
from individuals.....

13342.08

13342.08

(b) Political Party Committees.....

.00

.00

(c) Other Political Committees
(such as PACs).....

.00

.00

(d) The Candidate.....

2654.56

2654.56

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

15996.64

15996.64

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

.00

.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

8000.00

8000.00

(b) All Other Loans.....

.00

.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

8000.00

8000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

626.01

626.01

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

.00

.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....

24622.65

24622.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

19568.57

19568.57

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

.00

.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

.00

.00

(b) Of All Other Loans

.00

.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

.00

.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

.00

.00

(b) Political Party Committees.....

.00

.00

(c) Other Political Committees
(such as PACs)

.00

.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

.00

.00

21. OTHER DISBURSEMENTS

.00

.00

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

19568.57

19568.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

24622.65

25. SUBTOTAL (add Line 23 and Line 24).....

24622.65

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

19568.57

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

5054.08

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 5

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
---	------------------------------	------------------------------	------------------------------	-----------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

GORDON & MARGARET HAYCRAFT

Mailing Address

2922 PARK WEST HEIGHTS

City

CAPE GIRARDEAU

State

MO

Zip Code

63703

Date of Receipt

MM	DD	YYYY
04	05	2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Election Cycle-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

JOSEPH P MILLER

Mailing Address

2527 ALLENDALE DR

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

Date of Receipt

MM	DD	YYYY
04	10	2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RADIATION ONCOLOGIST

Receipt For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Election Cycle-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

THOMAS O'LOUGHLIN

Mailing Address

843 COUNTY ROAD 459

City

OAK RIDGE

State

MO

Zip Code

63769

Date of Receipt

MM	DD	YYYY
03	25	2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER/FARMING

Receipt For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Election Cycle-to-Date ▼

250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1250.00

--

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

JASON D OBERLE

A.

Mailing Address

3104 BEAVER CREEK DR

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPE ANETHESIA GROUP

Occupation

ANESIOLOGIST

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
04 / 28 / 2016

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

F GENE & LINDS S REUTZEL JR

B.

Mailing Address

3011 MINUTE MEN WAY

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

FGR MECHANICAL

Occupation

OWNER

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 10 / 2016

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ERICA N BROWN

C.

Mailing Address

1486 MCKELVEY RD

City

MARYLAND HTS

State

MO

Zip Code

63043

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARNES HOSPITAL

Occupation

NURSE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

PAUL C HORN

A.

Mailing Address

1909 HUNTINGTON DR

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2016

01

2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

J.T. OR JESSIE MOODY

Mailing Address

31210 COUNTY ROAD 325

City

CLARKTON

State

MO

Zip Code

63837

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 28 / 2016

28

2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

EDWARD J BROWN III

Mailing Address

323 EASTOVER RD

City

CHARLOTTE

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENDRICK AUTOMOTIVE GROUP

Occupation

CEO

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2016

20

2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 4 OF 5	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HAL BROWN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LORRI L & STEVEN D ROTHERT

Mailing Address
500 PECKEW TRL

City **JACKSON** State **MO** Zip Code **63755**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNKNOWN** Occupation **UNKNOWN**

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date
250.00

Date of Receipt
06 / 27 / 2016

Amount of Each Receipt this Period
250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
WILLIAM D & NANCY C STAHR

Mailing Address
2005 SARA DR

City **CAPE GIRARDEAU** State **MO** Zip Code **63701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ST FRANCIS MEDICAL CENTER** Occupation **PATHOLOGIST**

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date
250.00

Date of Receipt
06 / 24 / 2016

Amount of Each Receipt this Period
250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
SHEILA & RON WINDERS

Mailing Address
68 SHIPWATCH RD

City **SAVANNAH** State **GA** Zip Code **31410**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date
500.00

Date of Receipt
05 / 26 / 2016

Amount of Each Receipt this Period
500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 5

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)
GEORGE FAHEY

A.

Mailing Address

261 CLAIRMONT DR

City

RICHMOND

State

KY

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARSONS CO

Occupation
HR MANAGER

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 26 / 2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

500.00

9200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2
(check only one)
☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

HENRY S BROWN

Mailing Address

1326 ASHLAND HILLS DRIVE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN/CANDIDATE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

639.69

Date of Receipt

MM / DD / YYYY
03 / 26 / 2016

Amount of Each Receipt this Period

639.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

HENRY S BROWN

Mailing Address

1326 ASHLAND HILLS DRIVE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN/CANDIDATE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

739.69

Date of Receipt

MM / DD / YYYY
04 / 01 / 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HENRY S BROWN

Mailing Address

1326 ASHLAND HILLS DRIVE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN/CANDIDATE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1490.10

Date of Receipt

MM / DD / YYYY
03 / 20 / 2016

Amount of Each Receipt this Period

750.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1490.10

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

HENRY S BROWN

Mailing Address

1326 ASHLAND HILLS DRIVE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN/CANDIDATE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2654.56

Date of Receipt

MM / DD / YYYY
04 / 29 / 2016

Amount of Each Receipt this Period

1164.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1164.46

2654.56

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page.

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

HENRY S BROWN

Mailing Address

1326 ASHLAND HILLS DRIVE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN/CANDIDATE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
03 / 30 / 2016

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HENRY S BROWN

Mailing Address

1326 ASHLAND HILLS DRIVE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN/CANDIDATE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
04 / 18 / 2016

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HENRY S BROWN

Mailing Address

1326 ASHLAND HILLS DRIVE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN/CANDIDATE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

MM / DD / YYYY
05 / 06 / 2016

Amount of Each Receipt this Period

3000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 2 OF 2	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

HENRY S BROWN

A.

Mailing Address

1326 ASHLAND HILLS DRIVE

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN/CANDIDATE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8000.00

Date of Receipt

MM / DD / YYYY
05 / 10 / 2016

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

☐ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

2000.00

8000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

FILPAC LLC

A.

Mailing Address

3624 LIEB ST

City

COLUMBUS

State

OH

Zip Code

43214

Date of Receipt

MM / DD / YYYY
06 / 10 / 2016

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A EXPENSE REFUND

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.80

Amount of Each Receipt this Period

625.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RUSH LOFTIS

Mailing Address

4364 N. SHIRLEY AVE.

City

SPRINGFIELD

State

MO

Zip Code

65803

Purpose of Disbursement

SOCIAL MEDIA-OUTSIDE SERVICES WEBSITE

Candidate Name

006

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

B. CAPE COUNTY REPUBLICAN WOMEN

Mailing Address

PO BOX 431

City

CAPE GIRARDEAU

State

MO

Zip Code

63702

Purpose of Disbursement

LINCOLN DAY TICKETS

Candidate Name

007

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2016

Amount of Each Disbursement this Period

560.00

☐ Memo Item

C. STAPLES

Mailing Address

294 SIEMERS DR

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

Purpose of Disbursement

PRINTING

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2016

Amount of Each Disbursement this Period

639.69

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1699.69

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BEST BUY

Date of Disbursement

MEM / DDD / YYYY
03 / 20 / 2016

Mailing Address
3026 WILLIAM ST

Amount of Each Disbursement this Period

750.41

City State Zip Code
CAPE GIRARDEAU MO 63703

Purpose of Disbursement
CAMPAIGN CELL PHONE

001

Candidate Name

Category/
Type

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. STAPLES

Date of Disbursement

MEM / DDD / YYYY
06 / 30 / 2016

Mailing Address
294 SIEMERS DR

Amount of Each Disbursement this Period

302.33

City State Zip Code
CAPE GIRARDEAU MO 63701

Purpose of Disbursement
PRINTING

003

Candidate Name

Category/
Type

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 8

Full Name (Last, First, Middle Initial)

C. STAPLES

Date of Disbursement

MEM / DDD / YYYY
06 / 22 / 2016

Mailing Address
294 SIEMERS DR

Amount of Each Disbursement this Period

302.33

City State Zip Code
CAPE GIRARDEAU MO 63701

Purpose of Disbursement
PRINTING

003

Candidate Name

Category/
Type

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1355.07

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2016

A. ORAL FRIEND

Mailing Address
2904 LAMESA DR

City State Zip Code
CAPE GIRARDEAU MO 63701

Purpose of Disbursement
VIDEO-WEBSITE

Candidate Name

Category/
Type
004

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PRINT ZONE

Mailing Address
121 S HIGH ST

City State Zip Code
JACKSON MO 63755

Purpose of Disbursement
YARD SIGNS

Candidate Name

Category/
Type
006

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2016

Amount of Each Disbursement this Period

1484.15

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SANDY DONLEY (d/b/a McLane Inv. Co.)

Mailing Address
97 N KINGSHIGHWAY ST

City State Zip Code
CAPE GIRARDEAU MO 63701

Purpose of Disbursement
CAMPAIGN OFFICE

Candidate Name

Category/
Type
001

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

3484.15

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

PRINT ZONE

Date of Disbursement

06 / 16 / 2016

Mailing Address

121 S HIGH ST

City

State

Zip Code

JACKSON

MO

63755

Purpose of Disbursement

YARD SIGNS

Candidate Name

006

Category/
Type

Amount of Each Disbursement this Period

287.54

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

MIKE SLACK

Date of Disbursement

06 / 01 / 2016

Mailing Address

ROUTE 1 BOX 1232

City

State

Zip Code

THAYER

MO

65791

Purpose of Disbursement

BILL BOARD

Candidate Name

006

Category/
Type

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

MY CAMPAIGN STORE

Date of Disbursement

06 / 02 / 2016

Mailing Address

304 WHITTINGTON PKWY #201

City

State

Zip Code

LOUISVILLE

KY

40222

Purpose of Disbursement

YARD SIGNS

Candidate Name

006

Category/
Type

Amount of Each Disbursement this Period

1495.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2007.54

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

SINGULARIS GROUP

Mailing Address

6750 ANTIOCH RD SUITE 307

City

OVERLAND PARK

State

KS

Zip Code

66204

Purpose of Disbursement

SOFTWARE DATA BASE

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

Amount of Each Disbursement this Period

225.00

☐ Memo Item

B.

FILPAC, LLC

Mailing Address

3624 LIEB ST

City

COLUMBUS

State

OH

Zip Code

43214

Purpose of Disbursement

VOTER DATABASE

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2016

Amount of Each Disbursement this Period

894.00

☐ Memo Item

C.

STAPLES

Mailing Address

294 SIEMERS DR

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

Purpose of Disbursement

CAMPAIGN LITERATURE

Candidate Name

006

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2016

Amount of Each Disbursement this Period

658.65

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1777.65

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

PDQ

Mailing Address

334 S PLAZA WAY

City

CAPE GIRARDEAU

State

MO

Zip Code

63703

Purpose of Disbursement

CAMPAIGN LITERATURE

Candidate Name

006

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Amount of Each Disbursement this Period

229.01

☐ Memo Item

B.

PRINT ZONE

Mailing Address

121 S HIGH ST

City

JACKSON

State

MO

Zip Code

63755

Purpose of Disbursement

YARD SIGNS

Candidate Name

006

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2016

Amount of Each Disbursement this Period

1865.60

☐ Memo Item

C.

SANDY DONLEY (d/b/a McClain Investments)

Mailing Address

97 N KINGSHIGHWAY ST

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

Purpose of Disbursement

CAMPAIGN OFFICE RENT

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4094.61

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STICKY BUSINESS

Mailing Address

285 HENDERSON

City

WHITEWATER

State

MO

Zip Code

63785

Purpose of Disbursement

CAMPAIGN LITERATURE

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2016

Amount of Each Disbursement this Period

803.92

☐ Memo Item

B. SIGN DEPOT WEB

Mailing Address

17131 E GALE AVE

City

CITY OF INDUSTRY

State

CA 91745

Zip Code

Purpose of Disbursement

CANDIDATE SIGNS

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2016

Amount of Each Disbursement this Period

322.53

☐ Memo Item

C. PRINT ZONE

Mailing Address

1211 S HIGH ST

City

JACKSON

State

MO

Zip Code

63755

Purpose of Disbursement

LARGE SIGNS

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2016

Amount of Each Disbursement this Period

1308.03

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2434.48

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 8

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SIGNS ON THE CHEAP

Mailing Address

11525A STEVEHOLLOW DR SUITE 100

City
AUSTIN

State
TX

Zip Code
78758

Purpose of Disbursement
YARD SIGNS

006

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2016

Amount of Each Disbursement this Period

1164.46

☐ Memo Item

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1164.46

18017.65

UNIVERSITY MICROFILMS INTERNATIONAL

RECEIVED
FEDERAL CENTER

2016 JUL 19 AM 11:47

SCHERMANN & ASSOCIATES, P.C.
(573) 334-4441
THE UPS STORE #1056
2120 WILLIAM ST
CAPE GIRARDEAU MO 63703-5947

1 LBS 1 OF 1
SHIP WT: 1 LBS
DWT: 15.12.1
DATE: 15 JUL 2016

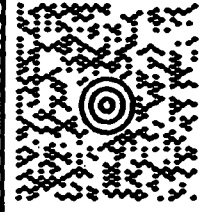
SHIP FEDERAL ELECTION COMMISSION
TO: 999 E ST NW

SCHERMANN & ASSOCIATES, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
325 S. Kingshighway, Suite A
Cape Girardeau, MO 63703-5701

TO: FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON DC 20463

WASHINGTON DC 20463-0001

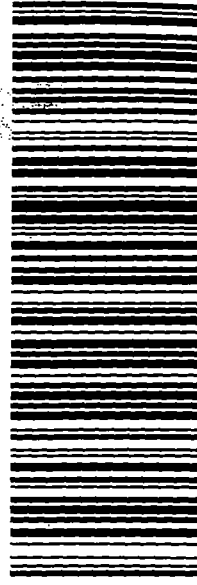
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ISH 13.00N ZEP 450 70.5V 07/2016

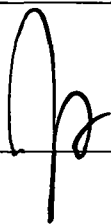


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